

HL

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

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JUL 06 2007 *new*  
JUL 06 2007  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

George Fox

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

ALR

FILED

07cv3801  
JUDGE HART  
MAG. JUDGE COLE

**JULY 11, 2007**  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

vs.

Ca  
(To be supplied by the Clerk of this Court)

City of Chicago Police Department,  
G. P. Sanabria, in his individual &  
Official Capacity as a City of Chicago  
Police Officer and J. A. Grillo, individually  
and in his official Capacity as a City  
of Chicago Police Officer.

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: George Alan Fox
- B. List all aliases: N/A
- C. Prisoner identification number: 20070030827
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089062 Chicago, Illinois 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: City of Chicago Police Department  
Title: Law Enforcement Agency  
Place of Employment: Chicago Police Department
- B. Defendant: G.P. Sanabria  
Title: City of Chicago Police Officer  
Place of Employment: Badge # 12640 Beat 2580D
- C. Defendant: J.A. Cerillo  
Title: City of Chicago Police Officer  
Place of Employment: Badge # 19209 Beat 2580D

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

### III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (X) NO ( ) If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES ( ) NO (X)

C. If your answer is YES:

1. What steps did you take?

My grievance procedure at my jail has nothing to do with  
the excessive force that was used on my person by the Chicago  
Police officers named herein

2. What was the result?

N/A

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

N/A

D. If your answer is NO, explain why not:

N/A

- E. Is the grievance procedure now completed? YES ( ) NO (☒)
- F. If there is no grievance procedure in the institution, did you complain to authorities? YES (☒) NO ( )

G. If your answer is **YES**:

1. What steps did you take?

I complained to the arresting officers, their supervisor and the hospital attendants when I had my surgery.

2. What was the result?

Nothing was done to help me by the police but I did have another surgery on my wrist that they broke during my arrest.

H. If your answer is **NO**, explain why not:

N/A

**IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):**

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

## V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On April 27, 2007, I was arrested by two Chicago Police Officers and charged with allegedly stealing motor vehicles. I was driving in a white Lexus and was chased by the Chicago Police. <sup>My</sup> ~~the~~ car ran out of gasoline and I started to run away from the police. Both police officers were chasing me on foot and eventually caught me. When the police caught up to me, they threw me on the ground. I did not resist arrest.

Once they had me on the ground, they stomped me on my wrist, beat me with their fists and kicked me further. Both officers stomped my wrist so hard and excessively using excessive force on me that they broke my wrist. My wrist was broken in two places and as a result, I was forced to go to Mt Sinai Hospital after I was booked. It took them 12 hours to book me as I continuously complaining about my wrist. I was in agony. They refused to take me to the hospital. My lawyer came to the police station and forced the police to take me to Mt. Sinai Hospital.

When I got to the hospital, I was admitted to the hospital and surgery was performed on my wrist on 5/2/07 where the doctors inserted a plate & 4 screws in my wrist to repair it. The police were aware

that they had broken my wrist at the police station but did not care  
to help me or care that they had done it.

**VI. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I want money damages in a compensatory & punitive form in an  
amount to be determined at trial.

#### CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of plaintiff or plaintiffs)

George Fox  
(Print name)

20070030827  
(I.D. Number)

PO Box 089002

Chicago, Illinois 60608

\_\_\_\_\_  
(Address)